REPORT OF INVESTIGATIONS

IN

FOURTEEN SCHOOLS IN LONDON,

TO BE PRESENTED TO THE COMMITTEE
APPOINTED BY THE PSYCHOLOGICAL SECTION OF THE BRITISH MEDICAL ASSOCIATION.

ROYAL COLLEGE OF SURGEONS OF ENGLAND
12 AUG 89
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PREPARED BY

FRANCIS WARNER, M.D.Lond., F.R.C.P., Hon. Secretary to the Committee.

TOGETHER WITH LEADING ARTICLES ON

INVESTIGATIONS AS TO THE
PHYSICAL DEVELOPMENT AND BRAIN STATE OF SCHOOL CHILDREN;

AND ON

THE REPORT OF THE ROYAL COMMISSION ON
THE EDUCATION OF FEEBLE-BRAINED THE EXCEPTIONAL CHILDREN.

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[It must be understood that this article is a statement of facts observed in the London Schools only, and that the Report of the Committee appointed in 1888 will be presented to the meeting of the British Medical Association at Leeds (Psychological Section). The present statement is intended to serve the purpose of a Draft Report for the consideration, and if approved, the adoption of the above Committee.]

(Reprint from British Medical Journal, July 27th, 1889.)

REPORT OF INVESTIGATIONS IN FOURTEEN SCHOOLS IN LONDON, TO BE PRESENTED TO THE COMMITTEE APPOINTED BY THE PSYCHOLOGICAL SECTION OF THE BRITISH MEDICAL ASSOCIATION.[1]

ROYAL COLLEGE 12 AUG 89

Prepared by **Francis Warner**, M.D., Lond., F.R.C.P., Honorary Secretary to the Committee.

Two applications having been made by the Committee to the School Board for London, and on each occasion the reply having been received that the Board regretted that they must decline our request to be allowed to visit their schools for the purposes of this investigation, the London members of the committee were obliged to confine their observations to other elementary schools.

The following summary of a draft report on fourteen schools in London has been prepared by Dr. Hack Tuke, Dr. G. E. Shuttleworth, Dr. Fletcher Beach, and Dr. Francis Warner.

A form of schedule was drawn up, upon which the facts noted concerning every child who appeared in any way exceptional were recorded; the report of the teacher concerning each child was included.

Ten public elementary schools; two certified industrial schools the district pauper schools, Hanwell; and the Asylum for Deaf and Dumb Children in Old Kent Road, were examined. In every case the members of committee visiting the schools were received with uniform courtesy, and they desire to acknowledge the intelligent assistance received from the managers and teachers. The committee also desire to express their thanks to Dr. Littlejohn, of Hanwell, and to Dr. Martyn, medical officer to the School for Dumb Children. Mr. Rowland Hamilton, a Vice-President of the Statistical Society, has rendered most able and generous assistance in tabulating these results.

Mental Dulness was observed or reported to us in 231 cases.—It is probable that many more children were mentally dull; of those noted, some attracted attention in other ways, and some were presented to us by the teachers. The method of examining children by facts observed without questions asked may indicate the condition of development and state of brain, but it is necessary to question the pupil in order to demonstrate mental aptitude or its absence.

The ten public elementary schools contained at the time of our visits 3,931 children; these are arranged according to standard and sex in Table A.

Table A.

	Boys.	Girls.	Totals.
Infants	759	764	1,523
Standard I ...	265	223	488
,, II ...	213	236	449
,, III ...	220	212	432
,, IV ...	180	213	393
,, V ...	152	141	293
,, VI ...	93	97	190
,, VII ...	46	70	116
,, ex. VII ...	16	31	47
Totals	1,944	1,987	3,931

The children seen were distributed as follows in the schools thus:

Table B.

—	Seen in the Schools.			Noted on the Schedules.		
	Boys.	Girls.	Totals	Boys.	Girls.	Totals
Fourteen London schools, namely: In 10 public elementary schools:—						
Borough Road School	239	—	239	60	—	60
Stockwell Girls' School	—	451	451	—	82	82
,, Mixed School	103	66	169	11	10	21
,, Kindergarten	42	42	84	5	1	6
St. Andrew's National School, Wells Street, W.	204	189	393	23	19	42
St. Mary's National School, York Street, W.	270	234	504	36	27	63
St. Mary's National School, Whitechapel	274	202	476	31	20	51
Hanwell National School, W.	326	278	604	44	20	64
Mill Hill National School, N.W. ...	76	59	135	11	4	15
Jews' Infant School, Whitechapel ...	410	466	876	33	31	64
Total	1,944	1,987	3,931	254	214	468
In four special schools:—						
District Pauper School, Hanwell ...	637	440	1,077	85	44	129
St. Vincent's Industrial School	182	—	182	132	—	132
St. Margaret's Industrial School ...	—	103	103	—	29	29
* School for Deaf-and-Dumb	31	20	51	31	20	51
Total	2,794	2 550	5,344	502	307	809

* See Table L.

In special schools:—Boys, 850; girls, 563; Total, 1413.
Of which on schedules: Boys, 248; Girls, 93; Total, 341.

The following table (C) is given to indicate the principal facts observed. Several special conditions often coexisted in the same case. Further analysis and descriptions of combined conditions are given in succeeding tables.

Table C.

—	—	Boys.	Girls.	Totals
	We took notes of 809 cases in the schools ...	502	307	809
See Table E	Cases showing signs of nervousness, nerve-weakness, or defect	207	144	351
,, F	Cases in which nutrition appeared to be defective	100	84	184
,, G	Cases in which mental dulness was reported or observed by us	153	78	231
,, H	Cases presenting cranial abnormalities ...	166	65	231
,, I	Cases with disease or defect of eyes ...	74	75	149

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[1] Towards the expenses of this inquiry a grant was received from the Scientific Grants Committee of the British Medical Association.

TABLE D.—*Showing the Distribution of the Various Pathological Conditions in the Different Schools, also Relations to Sex.*

School.	Nervousness or Nerve Weakness.			Low Nutrition.			Mental Dulness.			Cranial Abnormalities.			Eye Cases.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Borough Road College Practising School	30	0	30	11	0	11	17	0	17	10	0	10	5	0	5
Stockwell College Practising School *	0	60	60	0	17	17	0	10	10	0	4	4	0	14	14
,, ,, Mixed School	4	4	8	4	4	8	4	2	6	2	1	3	3	3	6
,, ,, Kindergarten	0	0	0	0	0	0	3	1	4	1	1	2	0	0	0
St. Andrew's, Wells Street, W.	7	9	16	10	5	15	11	4	15	8	3	11	4	5	9
St. Mary's, York Street, W....	14	11	25	8	8	16	9	6	15	14	4	18	7	12	19
St. Mary's, Whitechapel	12	7	19	7	6	13	8	1	9	10	7	17	3	6	9
National School, Mill Hill, N.W.	3	2	5	3	3	6	1	2	3	3	1	4	3	1	4
National School, Hanwell, W.	8	8	16	15	4	19	15	6	21	17	8	25	14	3	17
Jews' Infant School, Whitechapel	11	10	21	14	13	27	11	10	21	17	8	25	8	8	16
	89	111	200	72	60	132	79	42	121	82	37	119	47	52	99
District Pauper Schools, Hanwell, W.	37	13	50	6	7	13	38	15	53	32	14	46	15	12	27
School for Deaf and Dumb, Old Kent Road......	15	6	21	5	4	9	4	2	6	14	4	18	2	3	5
St. Vincent's Certified Industrial School, Dartford	66	0	66	17	0	17	32	0	32	38	0	38	10	0	10
St. Margaret's Certified Industrial School, Mill Hill, N.W.	0	14	14	0	13	13	0	19	19	0	10	10	0	8	8
	118	33	151	28	24	52	74	36	110	84	28	112	27	23	50
As above	89	111	200	72	60	132	79	42	121	82	37	119	47	52	99
Total	207	144	351	100	84	184	153	78	231	166	65	231	74	75	149
	See Table E.			See Table F.			See Table G.			See Table H.			See Table I.		

* This school was visited immediately after the annual inspection by Her Majesty's Inspector. The Standards III to VII, containing 302 girls, were seen by us five months later, when 29 showed nerve-signs.

Cases in which we observed Signs of Nervousness, Nerve-Weakness, or Nerve-Defect are Analysed in Table E.—It is probable that in some of these cases the signs of nervousness or nerve-weakness were only temporary in character.

TABLE E.

Distribution of Nerve Conditions.	Boys.	Girls.	Totals	Low Nutrition.		
				Boys.	Girls.	Totals
Infants	14	18	32	6	8	14
Standard I	20	7	27	10	4	14
,, II	11	9	20	6	2	8
,, III	6	14	20	2	5	7
,, IV	6	17	23	2	4	6
,, V	13	9	22	2	2	4
,, VI	11	14	25	4	4	8
,, VII	6	18	24	0	1	1
,, ex. VII	2	5	7	—	—	—
Ten public elementary schools	89	111	200	32	30	62
Pauper school...	37	13	50			
Two industrial schools	66	14	80			
School for deaf and dumb...	15	6	21			
	118	33	151			
Ten public elementary schools as above	89	111	200			
Fourteen London schools	207	144	351			

—	Boys.	Girls.	Totals.
As coincident conditions, we found in the 200 cases in 10 public elementary schools:			
Defective nutrition	32	30	62
Mental dulness	23	20	43
Cranial abnormalities...	28	16	44
In the 50 cases observed in the pauper school:			
Defective nutrition	2	5	7
Mental dulness	15	5	20
Cranial abnormalities	12	3	15
In the 80 cases observed in the two industrial schools:			
Defective nutrition	10	4	14
Mental dulness	18	4	22
Cranial abnormalities...	13	4	17
In the 21 cases observed in the school for deaf and dumb children:			
Defective nutrition	2	3	5
Mental dulness	4	1	5
Cranial abnormalities	6	2	8

Signs of Defective Nutrition were seen in 132 cases.—We do not suppose that we noted defective nutrition in all the cases in which it may have been present. The distribution of these cases, according to standards and sex, is shown in Table F.

TABLE F.

—	Boys.	Girls.	Totals.
Infants	21	19	40
Standard I	16	7	23
,, II	12	11	23
,, III	5	4	9
,, IV	6	9	15
,, V	8	3	11
,, VI	2	5	7
,, VII	2	2	4
Ex. VII	—	—	—
Ten public elementary schools	72	60	132
Pauper school	6	7	13
Two industrial schools	17	13	30
School for deaf and dumb	5	4	9
	28	24	52
For 10 public elementary schools (as above) ...	72	60	132
For 14 London schools	100	84	184
As coincident conditions, we found in the 132 cases in 10 public elementary schools:			
Signs of nervousness, nerve-weakness or defect	32	30	62
Mental dulness	30	17	47
Cranial abnormalities...	28	15	43
In the 13 cases observed in the pauper school:			
Signs of nervousness, nerve-weakness or defect	2	5	7
Mental dulness	2	2	4
Cranial abnormalities	3	2	5
In the 30 cases observed in the two industrial schools:			
Signs of nervousness, nerve-weakness or defect	10	4	14
Mental dulness	7	9	16
Cranial abnormalities...	8	5	13
In the 9 cases observed in the school for deaf and dumb children:			
Signs of nervousness, nerve-weakness or defect	2	3	5
Mental dulness	1	1	2
Cranial abnormalities	4	2	6

TABLE G.—*Cases of Mental Dulness.*

—	Boys.	Girls.	Totals.
Infants	26	17	43
Standard I	12	5	17
,, II	6	8	14
,, III	11	2	13
,, IV	6	4	10
,, V	14	1	15
,, VI	1	3	4
,, VII	3	2	5
,, Ex. VII	—	—	—
In the 10 public elementary schools	79	42	121
Pauper school	38	15	53
Two industrial schools	32	19	51
School for deaf and dumb	4	2	6
	74	36	110
For the 10 public elementary schools (as above)	79	42	121
For the 14 London schools	153	78	231
As coincident conditions, we found in the 121 cases in 10 public elementary schools:			
Signs of nervousness, nerve-weakness, or defect	23	17	40
Defective nutrition	29	17	46
Cranial abnormalities...	21	6	27
In the 53 cases observed in the pauper school:			
Signs of nervousness, nerve-weakness, or defect	15	5	20
Defective nutrition	2	2	4
Cranial abnormalities...	17	5	22
In the 51 cases observed in the 2 industrial schools:			
Signs of nervousness, nerve-weakness, or defect	18	4	22
Defective nutrition	7	9	16
Cranial abnormalities...	10	7	17
In the 6 cases observed in the school for deaf and dumb children:			
Signs of nervousness, nerve-weakness, or defect	4	1	5
Defective nutrition	1	1	2
Cranial abnormalities...	4	1	5

TABLE H.—*Cranial Abnormalities.*

—	Ten Public Elementary Schools.			Pauper School.			Two Industrial Schools.			Deaf and Dumb School.			Totals.
	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	
Probably rickets	24	5	29	5	3	8	—	—	—	—	—	—	37
Head large, cause not known ...	17	7	24	8	1	9	—	1	1	1	—	1	35
Head small, ,, ,, ...	5	3	8	1	—	1	1	3	4	2	1	3	16
Dolichocephalic or scaphocephalic	7	2	9	3	—	3	1	3	4	1	—	1	17
Forehead narrow or shallow, not included in other groups ...	14	9	23	10	6	16	12	2	14	3	1	4	57
Bosses on frontal bone or at fontanelle; not included in other groups	12	9	21	3	3	6	18	1	19	5	2	7	53
Other defects of skull not included in other groups	3	2	5	2	1	3	6	—	6	2	—	2	16
	82	37	119	32	14	46	38	10	48	14	4	18	231

—	Boys.	Girls.	Totals.
As coincident conditions we found the 82 boys, 37 girls—total, 119 cases, in 10 public elementary schools:			
Signs of nervousness, nerve-weakness, or defect	28	16	44
Defective nutrition	28	15	43
Mental dulness	21	6	27
In the 46 cases observed in the pauper school:			
Signs of nervousness, nerve-weakness, or defect	12	3	15
Defective nutrition	3	2	5
Mental dulness	17	5	22
In the 2 industrial schools:			
Signs of nervousness, nerve-weakness, or defect	13	4	17
Defective nutrition	8	5	13
Mental dulness	10	7	17
In the 17 cases observed in the school for deaf and dumb children:			
Signs of nervousness, nerve-weakness, or defect	6	2	8
Defective nutrition	4	2	6
Mental dulness	4	1	5

TABLE K.

Total of Cases presenting each Nerve-Sign Respectively.				Nervous Hand.			Weak Hand.			Lordosis.			Frontals Over-acting.			Orbicular Muscle of Eyelids Toneless.			Finger Twitches.			Number of Nerve-Signs not in Combination.			
Nervous Hand.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	B.	G.	T.	Nervous Hand.	B.	G.	T.
In 10 public elementary schools...	44	69	113		×			—		10	28	38	9	1	10	5	4	9	15	16	31	In 10 public elementary schools...	21	28	49
,, 4 special schools...	25	5	30					—		*6*	*2*	*8*	*7*	*0*	*7*		—		*6*	*2*	*8*	,, *4 special schools*	*11*	*3*	*14*
	69	74	143																						
Weak Hand.																						Weak Hand.			
,, 10 public elementary schools...	10	22	32		—			×		1	6	7	3	0	3	1	3	4	3	5	8	,, 10 public elementary schools ...	5	9	14
,, 4 special schools...	16	6	22		—					*3*	*3*	*6*	*6*	*1*	*7*	*2*	*1*	*3*	*3*	*3*	*6*	,, *4 special schools*	*5*	*2*	
	26	28	54																						
Lordosis.																						Lordosis.			
,, 10 public elementary schools...	15	41	56	10	28	38	1	6	7		×		3	1	4	0	2	2	1	10	11	,, 10 public elementary schools ...	4	6	10
,, 4 special schools...	18	5	23	*6*	*2*	*8*	*3*	*3*	*6*				*3*	*0*	*3*	*1*	*0*	*1*	*6*	*1*	*7*	,, *4 special schools*	*6*	*2*	*8*
	33	46	79																						
Frontals Overacting.																						Frontals Overacting.			
,, 10 public elementary schools...	41	2	43	9	1	10	3	0	3	3	1	4		×		2	0	2	3	0	3	,, 10 public elementary schools ...	25	0	25
,, 4 special schools...	68	13	81	*7*	*5*	*12*	*6*	*1*	*7*	*3*	*0*	*3*					—		*8*	*2*	*10*	,, *4 special schools*	*48*	*10*	*58*
	109	15	124																						
Orbicular Muscle of Eyelids Toneless.																						Orbicular Muscle of Eyelids Toneless.			
,, 10 public elementary schools...	14	11	25	5	4	9	1	3	4	0	2	2	2	0	2		×		3	3	6	,, 10 public elementary schools ...	9	3	12
,, 4 special schools...	4	1	5		—		*2*	*1*	*3*	*1*	*0*	*1*		—						—		,, *4 special schools*	*1*	*0*	*1*
	18	12	30																						
Finger Twitches.																						Finger Twitches.			
,, 10 public elementary schools...	20	27	47	15	16	31	3	5	8	1	10	11	3	0	3	3	3	6		×		,, 10 public elementary schools ...	3	3	6
,, 4 special schools...	25	10	35	*6*	*2*	*8*	*3*	*3*	*6*	*6*	*1*	*7*	*8*	*2*	*10*		—					,, *4 special schools*	*8*	*5*	*13*
	45	37	82																						
Total 10 public elementary schools ...				39	49	88	8	14	22	15	47	62	20	2	22	11	12	23	25	34	59		67	49	116
,, *4 special schools*				*19*	*4*	*23*	*14*	*8*	*22*	*19*	*6*	*25*	*24*	*3*	*27*	*3*	*1*	*4*	*23*	*8*	*31*		*79*	*22*	*101*
Final total				58	53	111	22	22	44	34	53	87	44	5	49	14	13	27	48	42	90		*146*	*71*	*217*

Note.—The additions at the foot of the columns include the cases of combinations with one or more of the other defects noted. The numbers in the right-hand margin indicate defects *not* in combination and might be placed in the diagonal square marked ×.

Diseases and Defective Conditions of Eyes.—When a child was seen wearing spectacles, with a squint or other obvious defect, the fact was noted, but many cases must have had errors of refraction not known to us.

Table I.

—	Ten Public Elementary Schools.			Pauper School.			Two Industrial Schools.			Deaf and Dumb School.			Totals.
	B.	G.	T.	B.	G.	T.	B.	G,	T.	B.	G.	T.	
Squint	32	26	58	9	3	12	4	4	8	2	1	3	81
Hypermetropia	3	15	18	1	3	4	—	—	—	—	—	—	22
Myopia	3	5	8	2	—	2	—	—	—	—	—	—	10
Disease of Cornea	3	2	5	2	3	5	4	4	8	1	1	2	20
Disease of lids	1	2	3	—	—	—	—	—	—	—	—	—	3
Cataract	—	1	1	—	—	—	—	—	—	—	—	—	1
Eye lost	—	1	1	—	1	1	2	—	2	—	—	—	4
Nystagmus	2	3	5	1	2	3	—	—	—	—	—	—	8
	44	55	99	15	12	27	10	8	18	3	2	5	149

Analysis of 51 Deaf and Dumb Children.—In this school each child was examined separately, and the condition of the palate was noted. Particulars as to head measurements and conditions of general physical heath were most kindly filled in by Dr. Martyn, medical officer to the institution. The secretary of the institution very kindly filled in some particulars of the history of each pupil from the records kept. The ages of these children varied from 7½ to 11 years; average age 8 years. The following table indicates the cause assigned for the deafness :—

Table L.

Deaf and Dumb Children.	Boys.	Girls.	Totals.
Congenitally deaf	21	11	32
Sequent to measles	2	1	3
,, ,, whooping cough	1	1	2
,, ,, scarlet fever...	—	1	1
,, ,, sunstroke	1	—	1
Fits or brain disease	3	2	5
Effects of a fall	2	—	2
First dentition	—	3	3
Cause not stated	1	1	2
	31	20	51

In 3 cases the children were the offspring of first cousins. In 5 cases deafness was acquired between the ages of 3 and 6 years; in two instances without cause assigned. The palate was examined in all these cases: in 2 cases it was "vaulted," in 2 "narrow," in 3 "arched." Of these 7 cases 5 occurred among the congenitally deaf pupils, and 3 coincided with other defects of the cranium. In 7 boys and 7 girls the teeth were found ground. The various conditions found in these children are given in preceding tables.

Leading Article reprinted by permission from the British Medical Journal, *27th July, 1889.*

INVESTIGATIONS AS TO THE PHYSICAL DEVELOPMENT AND BRAIN STATE OF SCHOOL CHILDREN.

At the meeting of the British Medical Association in Glasgow, the Section of Psychology appointed a Committee to conduct an investigation as to the average development and condition of brain function among the children in primary schools. This Committee has done good work, and has pioneered the way for the medical inspection of schools. Elsewhere in the Journal a draft report is given, drawn up by Dr. Francis Warner, and this presents some of the results of observations made in fourteen London schools; it presents the results of the examination of 5,344 children seen, and contains an able analysis of 809 cases in which notes were taken of the facts observed. The main conditions tabulated are—(1) Cases presenting signs of nervousness, nerve-weakness, or defect; (2) Cases presenting low nutrition; (3) Abnormalities of the skull; (4) Mental dulness; and (5) Obvious eye defects. The distribution of such conditions in the various schools, as also their relation to age and sex, is also indicated; the frequency of the coexistence of these conditions in the same case is also shown in tabular form. We thus see that it is possible to ascertain the distribution of the various types of children, both in a school and among the population. This is a new mode of investigation; and information thus gained is likely to prove a valuable addition to our vital statistics, and to aid the management of each school, thus examined, by indicating in some degree the direction in which the special endeavours of the managers and the teaching staff should be directed. In some schools the number of children with defective development appears to be high, while in others the signs of nerve conditions predominate.

The facts are presented in this draft report very clearly in tabular form; some indications as to causation of the principal defective states are apparent in the statements as to coincident conditions. Thus, in the case of children with obvious indications of low nutrition, want of food appears to be by no means the only cause; a large number of these cases had also badly made heads, suggesting defective inheritance and unfavourable antecedents. Teachers will be interested in the tables on mental dulness, a condition that appears to be very unequally distributed. Here, again, both defects in development and low nutrition appear as marked factors in causation. Again, it is interesting to know that it is among the boys that the largest number of badly made heads and cases of mental dulness are found, while, as might have been presupposed, the largest number of nervous children appears among the girls.

Many other important deductions might be made from the tables before us, which have not yet been completely summarised; but it is not our present purpose to give a full review of this draft report of the London schools, as we understand that other reports will be presented by members of the Committee to the meeting at Leeds in August, when a general discussion will be held on this subject in the Section of Psychology.

We have often urged that the medical inspection of schools is a duty devolving upon the Government, and that a Scientific Commission of Inquiry should undertake an investigation of the condition of school children, as well as the conditions under which they work. An extended knowledge of such facts as those before us might prepare the way for the introduction of special classes or schools for exceptional children, such as exist in many towns in Germany and in Norway, where children who are found unable to work under the ordinary national system are educated in day schools, the classes being small and the teachers specially trained, while the number of subjects of study is limited. Among the 285 children seen in certified industrial schools, the conditions found were very different from those in the public elementary schools; the antecedents and inheritance of these children vary widely, but in these schools they are under constant control. In truant schools, it seems probable that many children of defective development and low brain-power might be found; here they are removed from parental control, and are liable to severe corporal punishment; this is not the way to remove defective conditions.

Much anxiety has been expressed in many quarters, both in this and in other countries, as to the effects of educational pressure upon the brain stability of children; the report shows that about 1 child in 20 for the public elementary schools presented some indication of nervousness, nerve weakness or defect, and as we follow the distribution of such conditions, the proportion rises to 1 in 10 for the highest class school, or 1 in 7.5 immediately after the Government examination, falling, in the pauper industrial school, to 50 in 1,077; in the latter school the low figure must not be solely attributed to the class of children found there, it is probably in part due to the fact that the school arrangements are in some degree under the supervision of the resident medical officer.

Many results of great importance to society may follow the pursuance of such investigations as those before us. In summarising the census records, certain important conditions in the population are attributed to concurrent causes; it has not been possible thus far to apply any corrections for the circumstances of the school period of life. It would be very satisfactory to be able to compare these observations in elementary schools with others made in the public schools for boys, and the high schools for girls, and also to know the conditions that might be found in other countries, and under different methods of school training.

It is, for many reasons, an urgent matter that we should know the average condition of our school population, the relative proportion of cases of defective development, nerve cases, and children with low nutrition, as well as those with eye defects, both in London and elsewhere, and that we should discover and remove their cause. This kind of medical inspection of schools need not be feared on the ground of expense; it might be instituted gradually in certain districts; and there is reason to believe that it might be carried on at much less cost than the present Government inspection.

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REPORT OF THE ROYAL COMMISSION ON THE EDUCATION OF FEEBLE-BRAINED AND EXCEPTIONAL CHILDREN.

Last week we published a report of the Committee appointed by the Psychological Section of the Association to investigate the brain condition of children in primary schools, and by an unforeseen coincidence the *Times* of the same date published an extract of the Report of the Royal Commission on Blind, Dumb, and Exceptional Children, in which, after citing the evidence given by Dr. Francis Warner, the Commissioners say: "Besides imbeciles and idiots, there is an intermediate class of backward and feeble-minded children who require different treatment to that of ordinary children, and who are at present simply excused from school attendance."

They then make the practical recommendation "That, with regard to feeble-minded children, they should be separated from ordinary scholars in public elementary schools in order that they may receive special instruction, and that the attention of school authorities be particularly directed towards this object." We have for some years directed attention to the social importance of taking special care, in the public elementary schools, of those children whose defects in development and low brain power render them more liable to mental deficiency and social failure, and at the same time the absurdity of supposing that all children, under a system of compulsory national education, can be satisfactorily trained in a similar manner.

To give practical effect to the recommendation of the Royal Commission, it is necessary that the "exceptional and feeble children" in each school should be known to the management, and this can only be done by some kind of medical inspection of schools. It has now been established, by the report published, that children can be classified by scientific observation in schools without undue interference with school routine. To complete the physiologist's work in the matter, more extended observations are needed to establish some definite understanding as to the relative value of the signs observed; a larger number of children in public elementary schools need be noted to determine the average condition of our school population, and the number of exceptional children for whom provision is needed. Besides the condition of children who must be considered as "exceptional" from the educational point of view, we are concerned, as a public matter, to know the causation of the frequent occurrence of "nervousness" and defects of development. To make a further study of "exceptional children," it would be very desirable to have records of the blind, of the truants, and cases summoned for non-attendance of school. It is on these grounds particularly that the action of the London School Board is to be regretted in preventing any inquiries being made in their schools by the Committee.

It is sometimes assumed that defects among a body of children of the poor are due to poverty; it remains to be seen what results would be obtained by an investigation conducted in public schools for boys, and in the high schools for girls. The recommendation of the Royal Commission is that the "exceptional children" should receive special instruction. It will be the duty of the Education Department to find out what modes of special instruction are best suited to the different groups of feeble children. This will probably be best effected by scheduling these children for a certain area, and appointing a competent authority to watch the effects of the methods pursued, and report thereon. When once it is determined that certain social questions are capable of analysis by observation of facts, there is good reason to believe that an increasing body of observers will throw much light upon the matter, and that satisfactory solutions may be found for problems that have long remained visionary owing to a want of analysis by scientific methods.

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